HEALTH CARE FINANCING ADMINISTRATION	OMB NO. 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER: 2. STATE
STATE PLAN MATERIAL	13-026 Montana
EOD. HEAT THE CADE BINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: Title XIX of the
FOR: HEALTH CARE FINANCING ADMINISTRATION	Social Security Act (Medicaid)
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE
HEALTH CARE FINANCING ADMINISTRATION	July 01, 2013
DEPARTMENT OF HEALTH AND HUMAN SERVICES	
5. TYPE OF PLAN MATERIAL (Check One):	
	CONCENTRATE ACCUMENTATION OF THE PROPERTY OF T
	CONSIDERED AS NEW PLAN AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME	
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:
Section 1902(a)(30)(A)	a. FFY 2013 \$555
	b. FFY 2014 \$2,230
	c. FFY 2015 \$2,230
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
Page(s) 1 of 1	OR ATTACHMENT (If Applicable):
Attachment 4.19B	Page(s) 1 of 1
Methods & Standards for Establishing Payment Rates	Attachment 4.19B
Service 12.c Hearing Aids	Methods & Standards for Establishing Payment Rates
	Service 12.c Hearing Aids
10. SUBJECT OF AMENDMENT:	
Amend Services 12.c Hearing Aid to increase the rate 2% and update the	e date of the fee schedule.
,	
11. GOVERNOR'S REVIEW (Check One):	
	77 og 200
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT	☑ OTHER, AS SPECIFIED: SINGLE
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT ☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	AGENCY DIRECTOR REVIEW
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT	AGENCY DIRECTOR REVIEW
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT ☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED ☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	AGENCY DIRECTOR REVIEW
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT ☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED ☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL  12. SIGNATURE OF STATE AGENCY OFFICIAL:	AGENCY DIRECTOR REVIEW  16. RETURN TO:
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